



Maricopa County

Environmental Services Department

Environmental Health Division
Plan Review Office
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PLAN REVIEW APPLICATION – Food and Beverage Operations

NOTICE: *AN ILLEGIBLE OR INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!*

Permission must first be obtained from the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

PLEASE PRINT AND COMPLETE FOR THE PERMIT OFFICE.

- ❖ Name of Establishment _____
Address _____ City _____ State ____ Zip Code _____
Phone () _____
- ❖ Name of Owner (Billing Party) _____
Address _____ City _____ State ____ Zip Code _____
Phone () _____
- ❖ Projected date for start of project _____
- ❖ Projected date for completion of project/ operation of business _____

FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

<u>Quantity</u>	<u>Plan Type</u>	<u>Amount</u>	<u>\$Total</u>
_____	Establishment 0-9 seating	\$545.00	_____
_____	Establishment 10+ seating	\$615.00	_____
_____	All Other Establishments	\$615.00	_____
_____	School Facilities – Food Service	\$570.00	_____
_____	Remodel Fee – Approved Only By Plan Review Office Staff		_____
_____	*Expedite Fee	2x fee amount	_____
_____	**Plan Extension Fee	½ original fee amount	_____

TOTAL DUE \$ _____

* Establishments in operation or opening within 15 business days of plan submittal will be charged an expedite fee. All inspections are conducted during normal business hours Monday to Friday, between the hours of 8am and 5pm.

** The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

- OFFICE USE ONLY -

Plan Review SG #'s _____
Kind (New, Existing, Remodel, Expedite) _____ Type(s) _____, _____, _____, _____, _____
Date Received _____ Receipt # _____
Site Location _____
Plan Review District # _____
Old permit SG#'s _____

SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Proposed menu (Including seasonal, off-site and catering menus).
- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- ✓ Manufacturer specification sheets "cut sheets" for each piece of equipment shown on the plan.
- ✓ Shop drawings of all custom-built equipment.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ All existing equipment and finishes must be defined.
- ✓ Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- ✓ Written legal agreement for shared restrooms not located within the establishment.

FILL IN OR CHECK ALL THAT APPLY. PLEASE WRITE "n/a" IF NOT APPLICABLE.

- ✓ Type of Operation: Dine in ___ Take-out ___ Bar ___ Caterer ___ Retail Grocery ___ Meat ___ Bakery ___ Deli ___ School Cafeteria ___ Food Jobber ___ Food Processor ___ Other (Please specify) _____
- ✓ Seating Capacity _____ Hours of Operation _____ Number of Staff _____
- ✓ Sewer Type: Public ___ Septic/ Private ___ Water Supply: Public ___ Well/ Private ___
- ✓ Will alcohol be served and consumed on site? Yes ___ No ___
- ✓ Will you be providing a smoking area? Yes ___ No ___
- ✓ Is the smoking area within 20 feet of the main entrance? Yes ___ No ___
- ✓ Drive-thru/ pick up window? Yes ___ No ___ Number of levels on which operations are conducted? _____
- ✓ Continuous openings/ doors off the dining room or bar area to the exterior? Yes ___ No ___
- ✓ Anticipated meals to be sold or served: Breakfast ___ Lunch ___ Dinner ___
- ✓ I have obtained the necessary approvals from the proper local City/ County/ State regulatory authorities prior to this submittal? Yes ___ No ___

PLEASE PRINT AND COMPLETE FOR PLAN REVIEW CORRESPONDENCE LETTERS.

Name of Establishment _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Name of Owner (Billing Party) _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Name of Architect _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Name of Contractor _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

SIGNATURE

TITLE

DATE

NOTE: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

❖ FINISH SCHEDULE

INDICATE WHICH TYPE OF MATERIALS WILL BE USED IN THE FOLLOWING AREAS:

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Floor(s)	Wall(s)	Base/Cove	Ceiling(s)	Remarks:
Kitchen					
Bar(s)					
Food Storage					
Other Storage					
Restroom(s)					
Dressing Room(s)					
Garbage & Refuse Storage					
Mop Sink Area(s)					
Ware washing					
Walk-in Freezer(s) And Refrigerator(s)					
Interior(s) Under Vent Hood(s)					

❖ PLUMBING SCHEDULE

INDICATE ALL PLUMBING CONNECTIONS APPLICABLE TO THE ESTABLISHMENT.

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Indirect drain connection/ Air Gap	Direct drain connection/ P-Trap	Backflow Preventer(s)	Condensate Pump	Remarks
Sink(s):					
Hand sink					
Mop					
3-comp					
Food Prep					
Dishwasher					
Ice Machine(s)					
Water Station(s)					
Condensate Line(s)					
Steam Table(s)					
Dipper Well(s)					
Beverage Station(s)					
Garbage Disposal(s)					
Water Heater(s) (Indicate size & recovery rate.)					
Other					

5-23-08 RS